Name in Full: Mary Anderson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Shawsville — County: Harford

Date of death 1904: Month: Sept. — Day: 12th — Age: Years: 17 — Months: 9 — Days: 21

Sex: Male — Color or Race: White — Birthplace: Shawsville

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Marian Anderson — Father's Birthplace: Shawsville

Mother's Maiden Name: Caroline B. Wiley — Mother's Birthplace

Name of person giving information: Thos. H. Wiley — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Consumption — How long: one year

Immediate: Pneumonia — How long: 6 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Frank T. Turbutt

Address: White Hall Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Helen Gould Anderson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Webster

County: Harford

Date of death 190: Month: Sept. Day: 16

Age: Years: 6 Months: 6 Days: 17

Sex: Female

Color or Race: White

Birthplace: Webster

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: S. W. Anderson

Father's Birthplace: Webster

Mother's Maiden Name: Annie Chestney

Mother's Birthplace: Aberdeen

Name of person giving information: S. W. Anderson

How related to deceased: Father

CAUSES OF DEATH

106

PHYSICIAN OR CORONER

Primary: Enteric Colitis

How long: one week

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. N. Smith M.D.

Address: Bonds Grace Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Elmer Ellsworth Ashbridge

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Flint Mills — County: Hard.

Date of death 1904 — Month: Sept — Day: 7 — Age: Years — Months: 8 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: W. Scott Ashbridge — Father's Birthplace: Md

Mother's Maiden Name: Sarah E. Libby — Mother's Birthplace: Md

Name of person giving Imformation: W. Scott Ashbridge — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 6 1

Immediate: Meningitis — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Elizabeth McKnell M.D

Address: Slate Hill Pa

Accident or Suicide?

LIBRARY BUREAU A685

Name in Full: Elcia Beaumont

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Benson — County: Harford

Date of death 1904 — Month: Sept. — Day: 8 — Age — Years: 79 — Months: 7 — Days:

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Wheelwright — Where Residing if not at place of death: Benson Md.

Married, Single or Widowed: Widower — Name of Wife or ~~Husband~~: Matilda Beaumont

Father's Name: Mifflin Beaumont — Father's Birthplace:

Mother's Maiden Name: Mary Lake — Mother's Birthplace:

Name of person giving Information: C. E. Homberger — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: Apoplexy — How long: 21 Months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Sw. W. Davis M.D.

Address: Clearantsville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name In Full — Certificate of Death

Lucie Bostick

Died at Town: Stafford — County: Harford — MARYLAND

Date 1904 — Month: 9 — Day: 28 — Age: Y. — M. 18 — D. — Native of: Md — Occupation: ——

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number~~ of children living

Husband / Wife of

Father's Name: Joseph P. Bostick — Mother's Maiden Name: Hannah J. Linton

Cause of Death — Primary: Lumbar Complaint — How long sick: 10 D

Immediate — Accident, Suicide, Homicide

Reported by: W. H. H. Whitesell M. D.

Address: Darlington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

John W. Carter Harford

Town

County

Died at Havre de Grace Harford MARYLAND

| | Month | Day | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|---|
| Date 1904 | Sep | 26 | Age 76 | 6 | — | Harford | merchant |

Male / ~~Female~~ | White / ~~Colored~~ | ~~Single~~ / Married / Widow / Widower | Divorced | Number of children living 6

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death — Primary: Pulmonary Consumption

Immediate: 11 & Complications

How long sick

Accident, Suicide, Homicide

Reported by A C Corbin

Address Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79894

Name in Full: Hannah Cavender

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mill Green — County: Harford.

Date of death: Month: Sept — Day: 23 — 1904 — Years: Age 66 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Imformation: W. Cavender — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexis — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. H. Archer M. D.

Address: Street Md.

Accident or Suicide?

LIBRARY BUREAU A08516

Emory.

Sept 25th

Name in Full Coy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Bel Air — Town — County Harford Co

Date of death 1904 — Month 9 — Day 14 — Age Years 1 — Months 1/2 — Days

Sex Boy — Color or Race Afrecan — Birthplace Bel Air

Occupation — Where Residing if not at place of death —

Married, Single or Widowed S — Name of Wife or Husband V

Father's Name David Coy — Father's Birthplace Bel Air

Mother's Maiden Name Eva Lee — Mother's Birthplace VI

Name of person giving Imformation David Coy — How related to deceased father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Convulsions (Inanition) — How long 2 days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician C A Whitney Smith M.D.

Address Bel Air Md

Accident or Suicide?

LIBRARY BUREAU A69316

Heaven Hill

Name in Full — Leslie Rondelle — Certificate of Death

Town — Havre de Grace — County — Harford Co — MARYLAND

Died at

| Month | Day | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|
| Sept | 28 | 1 | 7 | | Harford Co | |

Date 19 04 — Age

Male / Female — White / Colored — Married / Single / Widow / Widower / Divorced

Number of children living

Husband of / Wife

Father's Name: Edgar Rondelle

Mother's Maiden Name: Clarice Hughes

Cause of Death — Primary: Premature — How long sick

Immediate: Pneumonia - Bronchial — Accident, Suicide, Homicide

Reported by: A C Coates

Address: Havre de Grace

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79998

Name in Full: Harry E. Everett-

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmerton, Md. County: Harford

Date of death 190: Month: Sept. Day: 23 Years: Age 2 Months: Days:

Sex: male Color or Race: White Birth-place: Balto, Md

Occupation: — Where Residing if not at place of death: Esq

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Walter E. Everett Father's Birthplace: Harford Co Md

Mother's Maiden Name: L. E. Mason Mother's Birthplace: Balto Co Md

Name of person giving Imformation: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diptheria How long: 2 days-

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: Wm Pechmann

Address: Pikesville Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name In Full

# Certificate of Death

Robert E. Green

Died at Town: Havre de Grace County: Harford MARYLAND

Date 1904 Month: Sept Day: 13 | Age Y.: 39 M.: - D.: - | Native of: Md. | Occupation: Labor

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 3

Husband ~~Wife~~ of Ella Murphy

Father's Name: Robt E Green Mother's Maiden Name:

Cause of Death: Primary: Appendecitis | How long sick: 2 weeks

Immediate: | Accident, Suicide, Homicide

Reported by Dr R. H. Smith

Address Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70899

Name in Full: Unnamed child

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Jarrettsville; County: Harford

Date of death: Month: Sept; Day: 24; 1904

Age: Years: —; Months: —; Days: 3

Sex: Male

Color or Race: Black

Birthplace: Harford Co Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George E Hall

Father's Birthplace: Md

Mother's Maiden Name: Sadie Jimason

Mother's Birthplace: Md

Name of person giving In formation: George E Hall

How related to deceased: Father

CAUSES OF DEATH

Primary: Natural causes

How long: 3 days

Immediate: Exaustion

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~: E G Kurtz undertaker

Address: Jarrettsville Md

~~Accident or Suicide~~?

LIBRARY BUREAU A88516

Name in Full: Leon Hall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bel Air  County: Harford

Date of death: Month: Sept  Day: 1  Year: 1904

Age: Years: 5 mos.  Months: —  Days: —

Sex: male  Color or Race: Colored  Birthplace: Bel Air Md

Occupation: —  Where Residing if not at place of death: —

Married, Single or Widowed: —  Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: —  Father's Birthplace: —

Mother's Maiden Name: Lucinda Hall  Mother's Birthplace: Harford Co.

Name of person giving Imformation: Mother  How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Child died 4 hours before physicians arrival  How long: a few hours

Immediate: —  How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signatura of Physician: E Hall Richardson

Address: Bel Air, Md

Accident or Suicide?

LIBRARY BUREAU A66516

Hendon Hill
N. D. x C

Name in Full: Mary Harris.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lapidum — County: Harford

Date of death 1904 — Month: Sept. — Day: 20 — Age — Years: 78 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Lapidum

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Larkin Harris.

Father's Name: John Harris — Father's Birthplace: Virginia

Mother's Maiden Name: Maria Block — Mother's Birthplace: Maryland

Name of person giving information: Mary D. Virgin — How related to deceased: Friend.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma of breast — How long: 1 yr. or more

Immediate: General weakness — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. H. Smith M.D.

Address: Havre de Grace Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66516

Name in Full: Jane W Holland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bel Air — County: Harford.

Date of death: 1904 — Month: Sept — Day: 26 — Years: Age 71 — Months: 6 — Days: 9

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Home Keeper — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Robt W Holland.

Father's Name: Ignatius Rutledge — Father's Birthplace: Md

Mother's Maiden Name: Mary R Rutledge — Mother's Birthplace: do

Name of person giving Imformation: Mary R McCormick. — How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Apoplexy — How long: 6 yr

Immediate: Heart failure — How long: 1 hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. Hall Richardson

Address: Bel Air, Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name In Full

Certificate of Death

Hopkins

Died at Town Norrisville County Harford MARYLAND

Date 1904 Month Sept Day 21 | Age Y. M. D. | Native of | Occupation

Male White Married ~~Widow~~ Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living

Husband of

Wife

Father's Name John Hopkins Mother's Maiden Name Laura Newton

Cause of Death { Primary Still born | How long sick

Immediate | Accident, Suicide, Homicide

Reported by S. J. & A Kilhurst M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

William P. Husbands

Died at Town Deer Creek County Harford MARYLAND

Date 1904 Month Jan Day 2 Age Y. 58 M. D. Native of Maryland Occupation Merchant

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower Divorced ~~Number of children living~~

Husband of Wife

Father's Name Joshua Husband Mother's Name Hannah Pennock

Cause of Death: Primary Traumatic Phthisis How long sick 4 years

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Castleman Smith MD

Address Bel Air Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Rose Jones

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Taylor — County: Harford

Date of death 1904 — Month: Sept. — Day: 18 — Age — Years: 4 — Months: 4 — Days: 2

Sex: female — Color or Race: colored — Birthplace: Balt. Co.

Married, Single or Widowed: single — Occupation: none

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles W. Jones — Father's Birthplace: Balt. Co.

Mother's Maiden Name: Mary S. Wise — Mother's Birthplace: Va.

Name of person giving Information: Chas. W. Jones — How related to deceased: father

CAUSES OF DEATH

Primary: Marasmus — How long: 9 months

Immediate: innutrition — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. H. Emory Jr.

Address: Hess. Maryland

Accident or Suicide? —

LIBRARY BUREAU A6048

Name in Full: Richard Lomax McCann

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dublin — County: Harford

Date of death 190 4: Month: Septm — Day: 25 — Age: Years: 78 — Months — Days

Sex: M — Color or Race: W — Birthplace: Maryland

Married, Single or Widowed: Widower — Occupation: Woodworker

Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Lewis Lee McCann — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart disease — How long: 2 1/2 years

Immediate: usual complications — How long:

PHYSICIAN OR CORONER

Ara tha name, age, sex, color, date and placa correctly givan above?

Signatura of Physician: Eph'r Hopkins

Address: Darlington

Accident or Suicide?

LIBRARY BUREAU A6831G

Name in Full

Certificate of Death

Bertha Almira McFadden

Died at Upper X Roads (Town) Harford (County) MARYLAND

Date 1904 Month Sept. Day 26 | Age Y. 19 M. – D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 1

~~Husband~~ Wife of Wm. Ross McFadden

Father's Name Wm. H. Fletcher | Mother's Maiden Name Sarah Serena Heaton

Cause of Death: Primary Inspection of breast | How long sick 3 days

Immediate Septicaemia | ~~Accident, Suicide, Homicide~~

Reported by Thos. H. Emory M.D.

Address Ross

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full: John W. Milway

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bel Air — County: Harford

Date of death: Month: Sept — Day: 19 — 1904 — Age: Years: 78 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Gumany

Occupation: Laborer — Where Residing if not at place of death: Bel Air

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Sarah L. Milway

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Imformation: Annie L. Ross — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis. — How long: 3 days

Immediate: Perforation — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Purnell D Lapp M.D.

Address: Bel Air.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Johanna M Nolan

Died at Town: Aberdeen County: Harford MARYLAND

Date 1904 Month: 9 Day: 11 | Age Y.: 34 M.: 11 D.: — | Native of W. Va | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced

Number of children living 3

~~Husband~~ Wife of Martin A Nolan

Father's Name Maurice Cavanaugh Mother's Maiden Name Mary Sullivan

Cause of Death — Primary: Consumption — How long sick: 1 Year

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by J H Kennedy

Address Aberdeen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full: Alexander Norris

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Bel Air  County: Harford

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904 Month: Sept. Day: 27 Years Age: 69 Months: Days:

Sex: Male  Color or Race: White  Birthplace: Md

Occupation: Depoty Reg of Wills  Where Residing if not at place of death: —

Married, ~~Single~~ or Widowed: Married  Name of Wife or ~~Husband~~: Crawford.

Father's Name: Alexander Norris  Father's Birthplace: Md

Mother's Maiden Name: Cornelia Wright  Mother's Birthplace: Md

Name of person giving Imformation: Crawford Norris  How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease of heart  How long: over a year

Immediate:  How long:

Are the name, age, sex, color, date and place correctly given above? Yes  Signature of Physician: William S. Archer

Address: Bel Air Md

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: A. E. Paige — 5th Dist — Harford Co

CERTIFICATE OF DEATH

MARYLAND

Died at: J. Mansfield — Town — County

Date of death 190 4: Month: Sept — Day: 2 — Years: Age 64 — Months: 8 — Days: 22

Sex: Male — Color or Race: White — Birthplace: Baltimore Md

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Mary E Jones Paige

Father's Name: Thomas J. Paige — Father's Birthplace: Spafford Md

Mother's Maiden Name: Eliza Gault — Mother's Birthplace: Concord Md

Name of person giving information: E O Bennington — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Rupture of Heart — How long: Immediately.

Are the name, age, sex, color, date and place correctly given above? They are.

Signature of Physician: G. H. Bias, M.D.

Address: Bartleton, Md.

Accident or Suicide?

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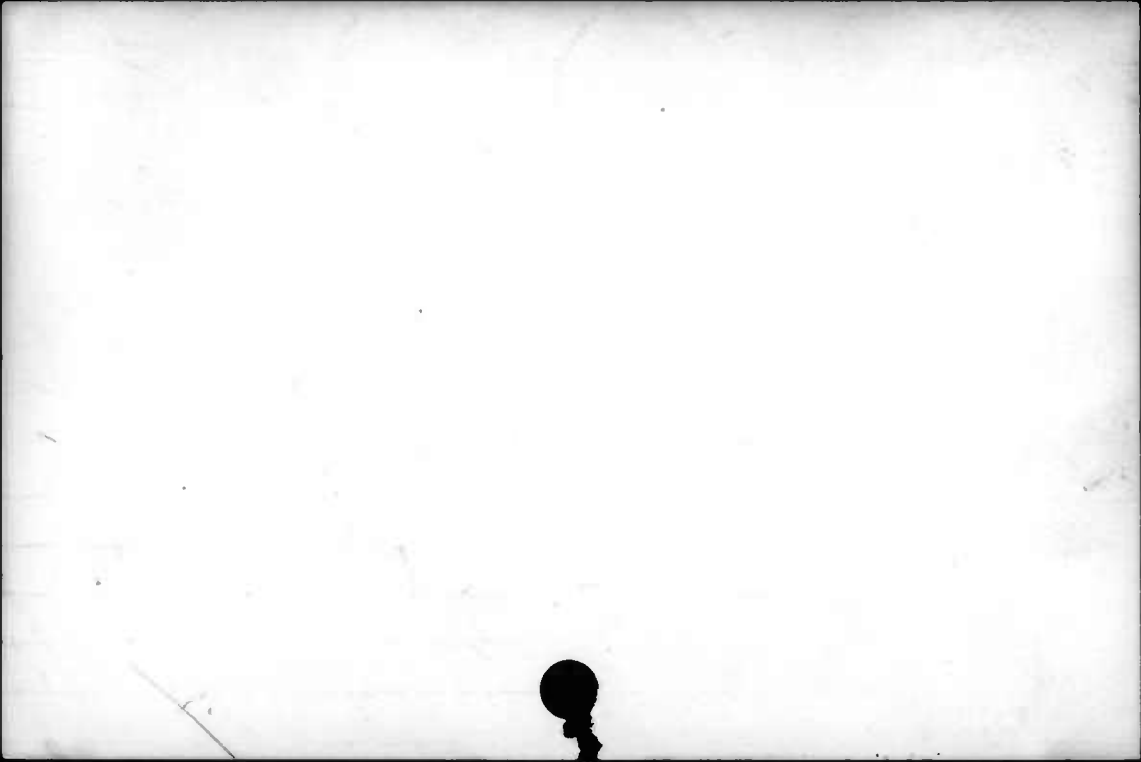
LIBRARY BUREAU A69516



Name in Full

# Certificate of Death

Lallie E. Powell

Died at Aberdeen — County Harford — MARYLAND

Date 1924 — Month 9 — Day 24 | Age Y. 40 M. — D. — | Native of U.S. — Occupation Work

White — Female — Widow — Divorced — Number of children living 3

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death — Primary: Pulmonary Tuberculosis, Sanatorium — How long sick

Immediate: Progressive Cardiac Anaemia — ent, Suicide, Homicide

Reported by L. G. Taylor

Address Perryville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72828

Name in Full — Certificate of Death

Buy B Preston

Died at — Town: Magnolia — County: Harford Co — MARYLAND

Date 1904 — Month: Sept. — Day: 5 — Age: Y. 24 M. 1 D. — Native of: Harford — Occupation:

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — Widow / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband / Wife of

Father's Name: John Henry Preston — ~~Mother's~~ Maiden Name: Magdalena Keller

Cause of Death — Primary: Effects of Laudanum — How long sick:

Immediate: Chas E Pratt MD — Accident, ~~Suicide~~, ~~Homicide~~

Reported by: Edgewood Md

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name In Full

Certificate of Death

Douglas Rice

Died at Town Churchville County Harford MARYLAND

Date 1904 Month 9th Day 4th | Age Y. 11 M. D. | Native of Maryland | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary Acute Tonsilitis — How long sick

Immediate Meningitis — Accident, Suicide, Homicide

Reported by Dr T. B. Hayward

Address Churchville Harford Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: John C Salik

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Havredegrace; County: Harford

Date of death 1904: Month: Sep; Day: 25; Age: Years: 64; Months; Days

Sex: M; Color or Race: White; Birthplace: Germany

Married, Single or Widowed: Married; Occupation:

Name of Wife or Husband: Lyda

Father's Name: Frederich; Father's Birthplace: Germany

Mother's Maiden Name: 40; Mother's Birthplace: "

Name of person giving Information: Mrs Lyda Salik; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma of Stomach; How long: ~~6 months~~ ~~about 1904~~

Immediate: Hemorrhage from Bowels; How long: One week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R H Smith

Address: Havre de Grace Md

Accident or Suicide?

LIBRARY BUREAU A66818

Name in Full: Margaret W. Sheridan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bel Air  County: Harford

Date of death: Month: Sept  Day: 8  Year: 1904  Age: 83  Months: —  Days: —

Sex: Female  Color or Race: White  Birthplace: Md

Occupation: —  Where Residing if not at place of death: "

Married, Single or Widowed: Widow  Name of Wife or Husband: Richard Sheridan

Father's Name: James Walker  Father's Birthplace: Pa

Mother's Maiden Name: Mary Crawford  Mother's Birthplace: Md

Name of person giving Imformation: Ella Sheridan  How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age  How long: —

Immediate: Cardiac failure  How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. Hall Nicola M.D.

Address: Bel Air, Md

Accident or Suicide?

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LIBRARY BUREAU A8616

Name in Full: Robert Singleton

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Norlan — County: Harford

Date of death 190 4 — Month: Sept — Day: 21 — Age — Years: 62 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Harford

Married, Single or Widowed: Married — Occupation:

Name of Wife or ~~Husband~~: Elizabeth

Father's Name: Jas. ~~Trook~~ Singleton — Father's Birthplace: Harford

Mother's Maiden Name: — Mother's Birthplace: "

Name of person giving information: Samuel Singleton — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: 8 Months

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. Arthur M.D.

Address: Norlan Md

Accident or Suicide?

LIBRARY BUREAU A68316

Name in Full: J. J. S. Skinner

# CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Havre de Grace — County: Harford

Date of death 1904 — Month: Sept. — Day: 20th

Age — Years: 4 — Months: — Days: 1 week

Sex

Color or Race: Colard

Birthplace: Havre de Grace

Married, Single or Widowed: Married

Occupation

Name of Wife or Husband: Lizzie and J. J. S. Skinner

Father's Name: J. J. S. Skinner

Father's Birthplace: Havre de Grace

Mother's Maiden Name: Lizzie Sapel

Mother's Birthplace: H. d. G.

Name of person giving information: Dr. Smith

How related to deceased: Sick Nurse

TO BE ANSWERED BY NEAREST FRIEND

## CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Was not well at birth — How long: Since birth

Immediate: Convulsions — How long: Short time

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. W. Smith

Address: Havre de Grace Md

Accident or Suicide?

LIBRARY BUREAU M88516

Name in Full: Geo. W. Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fountain — County: Harford

Date of death 1904: Month: Sept — Day: 22 — Age: Years: 75 — Months — Days

Sex: Male — Color or Race: White — Birthplace: N. Y.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Imformation: Edward Smith — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy — How long: 8 years

Immediate: exhaustion — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: G. F. Kalb

Address: Cardiff, Md.

Accident or Suicide?

LIBRARY BUREAU ASSETS

Name in Full: William B. Smithson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Forest Hill — County: Harford

Date of death 1904 — Month: 9 — Day: 5 — Age: Years 53 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Harford Co

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Josephine Smithson

Father's Name: Thomas E. Smithson — Father's Birthplace: Harford Co

Mother's Maiden Name: Mary Jane Phelps — Mother's Birthplace: "

Name of person giving information: A. B. Smithson — How related to deceased: Step Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 8 Years

Immediate: Hemorrhage — How long: 10 Minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. J. Smithson

Address: Forest Hill Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A66316

Name in Full: Mary Shansbury

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Aberdeen County: Harford

Date of death 1904: Month: Sept. Day: 7 Age: Years: 78 Months: Days:

Sex: Female Color or Race: Colored Birth-place: Havre de Grace

Married, Single or Widowed — Occupation:

Name of Wife or Husband:

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Peritonitis — How long: Ten days

Immediate: " — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. E. Arthur M.D.

Address: Aberdeen Md

Accident or Suicide?

LIBRARY BUREAU A8851B

Name In Full Unknown

Certificate of Death

Died at Town near Magnolia, County Harford MARYLAND

Date 1904 Month 9 Day 1 | Age Y. about 40 M. D. | Native of America | Occupation Unknown

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced | Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: Struck by Cars — How long sick

Immediate: Nearly 20 — a/primary Accident, ~~Suicide~~, ~~Homicide~~

Reported by Alex. P. Norris J.P. Acting Coroner

Address Edgewood, Harford County, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Stein

of Perrysmans

Seen by Coroner Alex. P. Morris

of Edgewood Md

Information contained in this certificate received from

of

Name in Full

Certificate of Death

Sarah J. Wilson

Town

County

Died at Havre de Grace Harford MARYLAND

| Date 1904 | Month Sep | Day 29 | Age Y. 67 | M. — | D. — | Native of Md | Occupation Housekeeper |
|---|---|---|---|---|---|---|---|
| ~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ Number of children living | | | 8 |

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary — Valvular heart disease — How long sick

Immediate — " — " — Accident, Suicide, Homicide

Reported by A C Cruikshank

Address Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 76259